

**WA State DSHS MAA  
HIPAA Project  
Mapping -- general1.xls**

Question	Who Needs to Answer	Decision	Present
Taxonomy--are we going to add to every claim area or are we going to carry on Provider file and cross NPI to our provider number based on the billed taxonomy?	Provider, management, claims	Management buy-off on decision (5/3/02) to keep a place for NPI and taxonomy but not to add to the claim at this time.	Katie Sullivan, Brian Sylvester, Doug Porter, Chris Johnson, Johna Little, Tom Bedell, Lisa Doyle, Ann Lawrence, Don Boogerd, Shelly McDermott, Rich Boyesen, Gordon Welch, Lisa Cline.
Billing provider number--are we going to expand the field to fit NPI or are we going to keep as our own internal number. Or will we have a new field.	Provider, management, claims	Same as above. Will maintain a place for NPI but not add to the claim at this time.	"
Local codes--are we going to accept local codes on paper claims. If no are the paper claims going to go through the middleware type piece. If yes, are we going to maintain to different sets of instructions. Will need to add standard code to PDDD file for x-reference. Are we going to add pricing factors to PDDD file like age, modifier, PT	Management, Gordon, claims	Management buy-off on decision (5/3/02) to not accept local codes on paper. Will keep the requirements for paper as close to the requirements for electronic as possible.	"
Are we still keeping safety net for other administrations or is this strictly an MAA analysis?	HIPAA, management	Undecided	
Place of service are we planning to convert to our single POS or expand field. If we convert, how do we revert back to 2 digit POS since it is a one to many type scenario?	Management, claims	Management decision 5/3/02 to expand POS to two-digits.	"
How long will clearinghouse store info we need to keep and how accessible will it be? This needs to be answered since it will change what new fields are added to the MMIS. Example-claim original reference number is used for timeliness--what kind of indicator would we have to help examiners know to reference the clearinghouse or wherever the info is kept?	Gordon, HIPAA, claims	If clearinghouse supports data repository function, data would need to be kept for 7 to 10 years (depending on the data being stored).	
Prior Auth and other things that appear at both claim level and line level how will we handle? If only accept claim level will we split off lines that are different and process as separate claims? Will we only capture at line level?	Claims	Recommend splitting claim on the way in and processing as separate claims. Gordon to provide more information on this.	Johna Little, Chris Johnson, Shelly McDermott, Jennifer Robinson, Sandy Asbach, Debbie Coverdell, Lisa Cline, Katie Sullivan, Gordon Welch
Re-review all the COB things that state add to MMIS?? Determine if we are going to do electronic COB. Determine if they are for adjudication or really for info that is useful to COB and can it be captured via a report or go to the TPL file as opposed to the claim. 23020/SBR01- payer responsibility sequence number code?? On dental maybe others- why would we need this?? Other payer info....when it states add to MMIS are we talking to the TPL file rather than the claim file?	COB	Capture data fields that are currently on the third party RA for processing of third party claims. Recommend not doing electronic COB at this time.	Katie Sullivan, Lisa Cline, Gordon Welch, Audrey Finnigan, Sharla Metheny, Carmen Gigstead.
Do we want to add allowed modifiers to the procedure records??	Management, institutional, professional, Gordon	Recommend adding modifiers to the procedure records.	Johna Little, Chris Johnson, Shelly McDermott, Jennifer Robinson, Sandy Asbach, Debbie Coverdell, Lisa Cline, Katie Sullivan, Gordon Welch
Decimal units?? Is this needed on all claims?	Gordon, claims	Yes. Currently handling decimal units.	Johna Little, Chris Johnson, Shelly McDermott, Jennifer Robinson, Sandy Asbach, Debbie Coverdell, Lisa Cline, Katie Sullivan, Gordon Welch

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as of 7/8/2002

<b>Question</b>	<b>Who Needs to Answer</b>	<b>Decision</b>	<b>Present</b>
Determine the level of service we will provide in relation to the 270/271 as well as the 276/277.	Management, eligibility	Management agreed to only support the level we support now.	Katie Sullivan, Brian Sylvester, Doug Porter, Chris Johnson, Johna Little, Tom Bedell, Lisa Doyle, Ann Lawrence, Don Boogerd, Shelly McDermott, Rich Boyesen, Gordon Welch, Lisa Cline.
Claim encounter identifier--what is its use?? Does this go into the MMIS? Goes through encounter processed paid for? 837I BHT06 (header)	Gordon, possibly Margo	Undecided. Already a process. Gordon researching this.	
Determine how home health claims are going to be paid in the future?? As outpatient or as professional? If we want to continue as is we would have to accept the institutional format for home health and translate to a med vendor in the system. Also is useful for review going to be a report?	Gordon, home health, institutional	Will accept home health claims on the institutional format. To be determined if we process as outpatient or convert to a med vendor within the MMIS. Gordon to further research this issue.	Katie Sullivan, Johna Little, Pam Colyar, Gordon Welch, Olin Cantrell.
PWK segments- do we want actual info stored in the MMIS or do we want just an indicator to identify that there is info to be looked at?	Gordon, claims, management	Recommended we add an indicator to the claim.	Johna Little, Chris Johnson, Shelly McDermott, Jennifer Robinson, Sandy Asbach, Debbie Coverdell, Lisa Cline, Katie Sullivan, Gordon Welch